

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

## BASIC INFORMATION

### ACCIDENT/INCIDENT LOCATION:

- ☒ Off Airport/Airstrip  
☐ On Airport  
☐ On Airstrip

### ACCIDENT/INCIDENT LOCATION:

Nearest City/Place: Eureka Skelton Airport (PAZK)  
State: Alaska Zip: 99588  
Latitude: 61 50.69 N Longitude: 147 23.68 W

### DATE/TIME:

Date: 4/15/08 Day of Week: Tuesday  
Local Time: 0925 Time Zone: Alaska

### PHASE OF OPERATION:

- ☐ Standing ☐ Takeoff (including initial climb) ☒ Cruise ☐ Approach ☐ Hover/Maneuvering  
☐ Taxi ☐ Climb ☐ Descent ☐ Landing ☐ Altitude of In-Flight occurrence \_\_\_\_\_ Feet MSL

## AIRPORT INFORMATION (If the accident occurred on approach, takeoff, or within 3 miles of airport, complete this section)

### PROXIMITY TO AIRPORT:

- ☐ On Approach ☐ Downwind ☐ Final ☐ Go Around  
☐ Crosswind ☐ Base leg ☐ Landing

Airport Name: \_\_\_\_\_

Identifier: \_\_\_\_\_

Distance From Airport Center: \_\_\_\_\_ SM

Direction From Airport: \_\_\_\_\_ Magnetic

### RUNWAY INFORMATION:

Runway ID: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Apt. Elev: \_\_\_\_\_ Ft. MSL

### RUNWAY/LANDING SURFACE:

- ☐ Macadam ☐ Grass/Turf  
☐ Asphalt ☐ Snow  
☐ Concrete ☐ Ice  
☐ Gravel ☐ Water  
☐ Dirt

### RUNWAY/LANDING SURFACE CONDITION:

- ☐ Dry ☐ Snow Crusted ☐ Rubber Deposits  
☐ Wet ☐ Snow-Compacted ☐ Soft  
☐ Ice Patches ☐ Vegetation ☐ Rough  
☐ Ice Covered ☐ Water-Calm ☐ Slush  
☐ Snow-Dry ☐ Water-Choppy ☐ Holes  
☐ Snow-Wet ☐ Water-Glassy ☐ Muddy

## APPROACH INFORMATION

### IFR APPROACH

- ☐ ADF/NDB ☐ ILS-Complete ☐ MLS ☐ Visual  
☐ SDF ☐ ILS-Localizer ☐ LDA ☐ Contact  
☐ VOR/TVOR ☐ ILS-Back Course ☐ ASR ☐ Circling  
☐ VOR/DME ☐ RNAV ☐ PAR ☐ Practice  
☐ TACAN ☐ GPS ☐ Sidestep

### VFR APPROACH

- ☐ Traffic Pattern ☐ Full Stop  
☐ Straight-In ☐ Stop and Go  
☐ Valley/Terrain Following ☐ Simulated Forced Landing  
☐ Go Around ☐ Forced Landing  
☐ Touch and Go ☐ Precautionary Landing

## AIRCRAFT INFORMATION

Manufacturer: Eurocopter

Homebuilt: ☐ Yes ☒ No

Model: AS350B2

Serial No.: 3158/N213EH

Max Gross Wt: 4961 Lbs

Empty Wt: 3125 Lbs

### CATEGORY OF AIRCRAFT:

- ☐ Airplane ☐ Blimp/Dirigible  
☒ Helicopter ☐ Ultralight  
☐ Glider ☐ Gyroplane  
☐ Balloon ☐ Other

### TYPE OF AIRWORTHINESS CERTIFICATE

- STANDARD**  
☒ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport  
☐ Experimental
- SPECIAL**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight

### LANDING GEAR

- ☐ Tricycle-Fixed  
☐ Tricycle-Retractable  
☐ Tailwheel-All Fixed  
☐ Tailwheel-All Retractable  
☐ Tailwheel - Retractable Mains  
☐ Amphibian

- ☐ Hull ☒ High Skid  
☐ Float ☐ Tandem  
☐ Emerg. Float ☐ Other \_\_\_\_\_  
☐ Ski  
☐ Ski/Wheel  
☐ Skid

### STALL WARNING SYSTEM INSTALLED

- ☐ Yes ☒ No

### IFR EQUIPPED

- ☐ Yes ☒ No

### ENGINE TYPE

- ☐ Reciprocating - Carburetor ☐ Turbo Prop ☐ Turbo Fan  
☐ Reciprocating - Fuel Injected ☐ Turbo Jet ☒ Turbo Shaft  
☐ Reciprocating - Turbocharged

### TYPE OF PROPELLER

- ☐ Controllable Pitch  
☐ Fixed Pitch

### NUMBER OF SEATS

Flight Crew 1 Passenger 4  
Cabin Crew \_\_\_\_\_

<b>Engine Manufacturer</b> Turbomeca		<b>Engine Model/Series</b> Arriel 1D1		<b>Engine Rated Power</b> 712 Horsepower of Lbs of Thrust		<b>Type of Fire Extinguishing System Used</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify	
<b>Engine(s)</b>	<b>Date of Mfg.</b>	<b>Mfg. Serial No.</b>	<b>Total Time</b>	<b>Time Since Inspection</b>	<b>Time Since Overhaul</b>		
Engine No. 1	01/29/1999	9641	4615.1 Hours	11 Hours	N/A Modular Hours		
Engine No. 2			Hours	Hours	Hours		
Engine No. 3			Hours	Hours	Hours		
Engine No. 4			Hours	Hours	Hours		
<b>Type of Maintenance Program</b>			<b>Last Inspection</b>				
<input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify			<b>Type</b> <input type="checkbox"/> Annual <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Condition Inspection  Phase 5 Date Performed (M/D/Y) 1/7/08 Airframe Total Time at Last Inspection 4983.7 Hours Airframe Time Since Last Inspection 11 Hours				
<b>Emergency Locator Transmitter (ELT)</b>	<b>ELT Manufacturer</b> Artex	<b>Model/Series</b> 110-6	<b>Serial Number</b> 64757		<b>Battery Date</b> (M/D/Y) 1/2009		
	<b>Switch</b> <input checked="" type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Armed	<b>Operated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Aided In Accident Location</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA		<b>Battery Type</b> (Alkaline, Lithium, etc.) Alkaline		
<b>OWNER/OPERATOR INFORMATION</b>							
<b>Registered Aircraft Owner</b> Era Helicopters LLC				<b>City</b> Lake Charles <b>State</b> Louisiana			
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner  Name Doing Business As:				<b>City/State</b> <input checked="" type="checkbox"/> Same As Registered Owner			
Air Carrier/Operator Designator (4 Character Designator)							
<b>Type of Operation</b>			<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b>		<b>Revenue Sightseeing Flight</b>		
<input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 133			<input type="checkbox"/> Scheduled/Commuter <input checked="" type="checkbox"/> Non Scheduled/Air Taxi		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Purpose of Flight (FAR 91, 103, 133, 137)</b>			<input type="checkbox"/> Domestic <input type="checkbox"/> International		<b>Air Medical Flight</b>		
<input type="checkbox"/> Personal <input type="checkbox"/> Aerial Observation <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Other			<input type="checkbox"/> Cargo <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Passenger (How many? 4) <input type="checkbox"/> Cargo ( lbs.) <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					<b>Public Use</b>		
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Type of Certificate(s) Held</b>							
<b>Air Carrier Operating Certificate</b> <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Other Operator of Large Aircraft (125) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137)							

# PILOT "A" INFORMATION

<b>Pilot Name</b> Pin, Benoit	<b>City</b> Anchorage <b>State</b> Alaska	<b>Nationality</b> French
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<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Private	<input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Military <input type="checkbox"/> Foreign	<input type="checkbox"/> None <input type="checkbox"/> Other
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<b>Rating(s)</b> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Free Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Gyroplane	<b>Instrument Rating(s)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter	<b>Instructor Rating(s)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider	<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Glider <input type="checkbox"/> Specify
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<b>Type Ratings/Student Endorsements (With Dates)</b>	<b>Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y)</b> 06/11/07	<b>Flight Review Aircraft</b> Make Eurocopter Model AS350
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<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<b>Date of Last Medical (M/D/Y)</b> 03/05/08	<b>Limitations</b> None	<b>Age</b> 39
		<b>Waivers</b> None	<b>Principal Occupation</b> Pilot

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input checked="" type="checkbox"/> Fatal	<b>Seat Occupied</b> <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Center <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<b>Person Manipulating Controls At Time Of Accident</b> <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> Non-Pilot <input type="checkbox"/> No One	<b>Seat Belt Available</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Who was pilot in command? Pin, Benoit			

<b>Seat Belt Used</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness Available</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness Used</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Source of Pilot Flight Time Information</b> <input type="checkbox"/> Pilot Logbook <input type="checkbox"/> Pilot/Operators Estimate <input type="checkbox"/> FAA Records <input checked="" type="checkbox"/> Company <input type="checkbox"/> Specify
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Flight Time	ALL A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	3747.9	1889.7			133.6		33.9	3747.9		
Pilot in Command (PIC)	3684.2	1889.7					33.9	3684.2		
Instructor										
This Make/Model										
Last 90 Days	47.3	47.3						47.3		
Last 30 Days	9.6	9.6						9.6		
Last 24 Hours	1.0	1.0						1.0		

# FLIGHT/ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID PANC City Anchorage State Alaska	<b>Time of Departure</b> Time 0735 Time Zone Alaska	<b>Destination</b> Airport ID PANC City Anchorage State Alaska	<b>Flight Plan Filed</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR
			<input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company <input type="checkbox"/> Military

<b>Type of ATC Clearance/Service</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR	<input type="checkbox"/> Special VFR <input type="checkbox"/> IFR	<input type="checkbox"/> VFR Flight Following <input type="checkbox"/> VFR On Top	<input type="checkbox"/> Cruise <input type="checkbox"/> Traffic Advisory
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<b>Airspace where the accident occurred</b> <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Class E <input type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area	<input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operating Area (MOA) <input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Student Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 <input type="checkbox"/> Special
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<b>Load Description</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Cargo	<input type="checkbox"/> Towing Glider <input type="checkbox"/> Other External <input type="checkbox"/> Parachutists	<input type="checkbox"/> Water <input type="checkbox"/> Chemical <input type="checkbox"/> Livestock	<input type="checkbox"/> Other
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**PILOT "B" INFORMATION****Pilot "B" Responsibilities at the Time of Accident**☐ Co-Pilot ☐ Dual Student ☐ Safety Pilot ☐ Check Pilot ☐ None (Pilot-Rated Passenger)**Pilot Name****City****State****Nationality****Certificate(s)**☐ Student ☐ Commercial ☐ Flight Instructor ☐ Military ☐ None  
☐ Private ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ Other \_\_\_\_\_**Rating(s)**☐ None ☐ Helicopter  
☐ Single-Engine Land ☐ Glider  
☐ Single-Engine Sea ☐ Free Balloon  
☐ Multiengine Land ☐ Airship  
☐ Multiengine Sea ☐ Gyroplane**Instrument Rating(s)**☐ None  
☐ Airplane  
☐ Helicopter**Instructor Rating(s)**☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Ground Instructor  
☐ Helicopter ☐ Glider  
☐ Specify \_\_\_\_\_**Type Ratings/Student****Endorsements (With Dates)****Date of Last Flight Review****Or Equivalent (M/D/Y)****Flight Review Aircraft**

Model \_\_\_\_\_ Make \_\_\_\_\_

**Medical Certificate**☐ None ☐ Class 2  
☐ Class 1 ☐ Class 3**Date of Last Medical**

(M/D/Y)

**Limitations****Waivers****Age****Principal Occupation****Degree of Injury**☐ None  
☐ Minor  
☐ Serious  
☐ Fatal**Seat Occupied**☐ Left ☐ Front  
☐ Right ☐ Rear  
☐ Center**Person Manipulating Controls at Time of Accident**☐ First Pilot ☐ Non-Pilot ☐ No One  
☐ Second Pilot ☐ Both Pilots

Who was pilot in command?

**Seat Belt Available**☐ Yes  
☐ No**Seat Belt Used**☐ Yes  
☐ No**Shoulder Harness Available**☐ Yes  
☐ No**Shoulder Harness Used**☐ Yes  
☐ No**Source of Pilot Flight Time Information**☐ Pilot Logbook ☐ Company  
☐ Pilot/Operator Estimate ☐ Specify \_\_\_\_\_  
☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter
						Actual	Simulated			
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**OTHER PERSONNEL/PASSENGER(S) (If more space is needed, continue on separate sheet)**

Name	Seat	Address (City & State ONLY)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury
1. Joe O'Donnell	1	Girdwood, Alaska			X			X			
2. Quinn Ellington	2	Palmer, Alaska		X					X		
3. Michael Seward	4	Palmer, Alaska			X			X			
4. Tom Middleton	5	Anchorage, Alaska			X			X			
5.											
6.											

<b>WEATHER INFORMATION AT THE ACCIDENT SITE</b>					
<b>Source of Weather Information</b> (Pilot/Operator, Weather Observation Facility)		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Daylight <input type="checkbox"/> Bright Night		<b>Visibility</b> _____ Miles	
<b>Dew Point</b> _____ (C) or _____ (F)		<b>Altimeter Setting</b> _____ MB or _____ HG		<b>Sky/Lowest Cloud Condition</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Clear  <input type="checkbox"/> Few _____ Feet AGL  <input type="checkbox"/> Scattered _____ Feet AGL  <input type="checkbox"/> Broken _____ Feet AGL               </div> <div style="width: 45%;"> <input type="checkbox"/> Overcast _____ Feet AGL  <input type="checkbox"/> Partial Obscuration  <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL               </div> </div>	
<b>Wind Information</b> Direction _____ True or _____ Mag Velocity _____ KTS Gusts _____ KTS		<b>Density Altitude</b> _____ Feet		<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Specify _____	
<b>Restriction to Visibility</b> <div style="display: flex;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Haze  <input type="checkbox"/> Dust  <input type="checkbox"/> Smoke  <input type="checkbox"/> Fog  <input type="checkbox"/> Mist  <input type="checkbox"/> Ice Fog               </div> <div style="width: 45%;"> <input type="checkbox"/> Ground Fog  <input type="checkbox"/> Blowing Spray  <input type="checkbox"/> Blowing Dust  <input type="checkbox"/> Blowing Snow  <input type="checkbox"/> Blowing Sand  <input type="checkbox"/> Other _____               </div> </div>		<b>Type of Precipitation</b> <div style="display: flex;"> <div style="width: 45%;"> <input type="checkbox"/> None  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Hail  <input type="checkbox"/> Rain Showers  <input type="checkbox"/> Freezing Rain  <input type="checkbox"/> Snow Shower               </div> <div style="width: 45%;"> <input type="checkbox"/> Drizzle  <input type="checkbox"/> Ice Pellets  <input type="checkbox"/> Snow Pellets  <input type="checkbox"/> Snow Grains  <input type="checkbox"/> Freezing Drizzle  <input type="checkbox"/> Ice Crystals  <input type="checkbox"/> Ice Pellets Shower  <input type="checkbox"/> Other _____               </div> </div>		<b>Icing</b> <div style="display: flex;"> <div style="width: 45%;"> <b>FORECAST</b>  <input type="checkbox"/> None  <input type="checkbox"/> Trace  <input type="checkbox"/> Light  <input type="checkbox"/> Moderate  <input type="checkbox"/> Severe               </div> <div style="width: 45%;"> <b>ACTUAL</b>  <input type="checkbox"/> None  <input type="checkbox"/> Trace  <input type="checkbox"/> Light  <input type="checkbox"/> Moderate  <input type="checkbox"/> Severe               </div> </div>	
<b>Source of Weather Briefing</b> <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Military <input type="checkbox"/> Voice Response System <input type="checkbox"/> DUAT <input type="checkbox"/> Other _____		<b>Method of Briefing</b> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		<b>Weather Observation Facility</b> <input type="checkbox"/> Facility ID: _____ <input type="checkbox"/> Obs Time: _____ <input type="checkbox"/> Time Zone: _____ <input type="checkbox"/> Distance from Accident Site _____ <input type="checkbox"/> Direction from Accident Site _____	
<b>Briefing Type/Completeness</b> <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Abbreviated <input type="checkbox"/> Outlook <input type="checkbox"/> Limited By Pilot <input type="checkbox"/> Limited By Briefer <input type="checkbox"/> Full		<b>Turbulence (Multiple entry)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> None    <input type="checkbox"/> Moderate    <input type="checkbox"/> Extreme  <input type="checkbox"/> Light    <input type="checkbox"/> Severe               </div> <div style="width: 45%;"> <input type="checkbox"/> In Clouds    <input type="checkbox"/> Light Chop  <input type="checkbox"/> Clear Air    <input type="checkbox"/> Moderate Chop               </div> </div>			
<b>Notams, Airmets, Sigmet</b>					
<b>FUEL &amp; SERVICES INFORMATION</b>					
<b>Fuel on Board at Last Takeoff</b> Approx 110 _____ Gallons or _____ Pounds		<b>Fuel Type</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 80/87  <input type="checkbox"/> 100 Low Lead  <input type="checkbox"/> 100/130               </div> <div style="width: 45%;"> <input type="checkbox"/> 115/145  <input checked="" type="checkbox"/> Jet A  <input type="checkbox"/> Automotive               </div> <div style="width: 45%;"> <input type="checkbox"/> JP3  <input type="checkbox"/> JP4  <input type="checkbox"/> JP5               </div> <div style="width: 45%;"> <input type="checkbox"/> Specify _____               </div> </div>			
<b>Other Services, If Any, Prior to Departure</b>					
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>					
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight	
<b>Description of Damage to Aircraft and Other Property</b>					
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>					
<input type="checkbox"/> No    If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure. <div style="text-align: center; margin-top: 10px;">UNKNOWN</div>				<b>Total Time/Cycles On Part</b> _____ Hours	
<b>Time Since This Part Inspected/Overhauled</b> _____ Hours				<b>Time Since This Part Inspected/Overhauled</b> _____ Hours	

<b>ADDITIONAL FLIGHT CREW MEMBERS</b> <b>((For Each Additional Flight Crew Member, Exclusive of Cabin Attendants, Complete the Following Information))</b>			
<b>Pilot (C) Name</b>		<b>City/State (ONLY)</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Certificate(s)</b>  <input type="checkbox"/> Student  <input type="checkbox"/> Private         </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport         </div> <div> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Flight Engineer         </div> <div> <input type="checkbox"/> Foreign  <input type="checkbox"/> Specify _____         </div> </div>			
<b>Ratings/Endorsements</b>		<b>Total Flight Time at the Time of This Accident/Incident</b>	
<b>Pilot (D) Name</b>		<b>City/State (ONLY)</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Certificate(s)</b>  <input type="checkbox"/> Student  <input type="checkbox"/> Private         </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport         </div> <div> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Flight Engineer         </div> <div> <input type="checkbox"/> Foreign  <input type="checkbox"/> Specify _____         </div> </div>			
<b>Ratings/Endorsements</b>		<b>Total Flight Time at the Time of This Accident/Incident</b>	
<b>Pilot (E) Name</b>		<b>City/State (ONLY)</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Certificate(s)</b>  <input type="checkbox"/> Student  <input type="checkbox"/> Private         </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport         </div> <div> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Flight Engineer         </div> <div> <input type="checkbox"/> Foreign  <input type="checkbox"/> Specify _____         </div> </div>			
<b>Ratings/Endorsements</b>		<b>Total Flight Time at the Time of This Accident/Incident</b>	
<b>COLLISION/ACCIDENT ((If Air or Ground Collision Occurred, Complete the Information for Other Aircraft))</b>			
<b>Registration</b>	<b>Aircraft Manufacturer</b>	<b>Aircraft Make/Model</b>	<b>Degree of Aircraft Damage</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Aircraft Owner</b>		<b>City/State (ONLY)</b>	
<b>Pilot (F) Name</b>		<b>City/State (ONLY)</b>	
<b>EVACUATION OF AIRCRAFT</b>			
<b>Assistance Received</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____ <input type="checkbox"/> Outside Person(s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder			
<b>Method of Exit</b> Describe which exits were used and how many passengers evacuated from each.			
<b>RECOMMENDATION ((How Could This Accident Have Been Prevented?))</b>			
Operator/Owner Safety Recommendation (Optional)			



## NARRATIVE HISTORY OF FLIGHT (Please Type or Print in Ink)

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

Point of departure-Era Operations at Anchorage International Airport (PANC)

Time of departure-0735 local time

Intended destination- DOT Tudor Roadsite, Sawmill, Tolsona, Tahnetta Pass, and return to PANC

Helicopter was under a State of Alaska contract for helicopter support to different communication sites. Aircraft departed PANC at approximately 0735 and proceeded to DOT Tudor Roadsite (61 10.48N 149 46.1980 W) to pickup three passengers. It then departed the roadsite at 0806 and flew to Lions Head (61 47.0660N 147 39.5880W) to drop off one of the passenger. Aircraft continued on route to a rest area parking lot (61 51.0000N 147 23.0420 W) to pickup remaining two passengers (total of four passengers on board). It then departed the parking lot at approximately 0922 according to Sky Connect data and impacted the ground approximately  $\frac{3}{4}$  miles South of the parking lot at 61 50.69N 147 23.68W. Helicopter was found on the North side of a gully. The terrain was mountainous with various elevations.



**NARRATIVE HISTORY OF FLIGHT cont. (Please Type or Print in Ink)**

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.



**II NARRATIVE HISTORY OF FLIGHT - cont. (Please Type or Print in Ink)**

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

**III HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Date of this Report

Apr 23, 2008

Signature of Pilot/Operator

Signature of Person Filing Report If Other Than Pilot/Operator

1. Signature:

2. Type or Print Name Scotty L. Selman

3. Title Assistant Director of Safety, Era Helicopters LLC

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ANC08FA053

Reviewed by NTSB Office Located At

ANCHORAGE

Name of Investigator

LRW13

Date Report Received

4/27/08